

ARKANSAS UNIFORM LAW ENFORCEMENT CITATION

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

ARKANSAS STATE POLICE

COUNTY OF _____

CITY OF _____



* H 6 5 8 5 6 1 *

H 658561

You may present this citation for payment to the court indicated below anytime before the date and time shown.

COURT APPEARANCE _____ DAY OF _____, 20_____, AT _____ M.,

ADDRESS OF COURT _____

COURT PHONE NO. _____ **SEATBELT IN USE** ☐ YES ☐ NO

I PROMISE TO APPEAR IN SAID COURT AT SAID TIME AND PLACE

I UNDERSTAND THE ABOVE AND THAT MY SIGNATURE IS NOT AN ADMISSION OF GUILT

SIGNATURE _____
The undersigned states he/she has just and reasonable grounds to believe, and does believe, that the person named below committed the offense set forth below, contrary to law.

ACCIDENT INVOLVED

☐ YES ☐ NO

RANK AND SIGNATURE OF OFFICER _____

BADGE NO. _____

DAY OF WEEK	MONTH	DAY	YEAR	TIME
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

LAST NAME _____

FIRST NAME _____ MI _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

AGE _____ DOB _____ RACE _____ SEX _____

DL NUMBER _____ DL STATE _____ CDL ☐
DL ☐

EMPLOYED BY _____ WORK PHONE# _____

COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	HAZ-MAT <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE LICENSE NUMBER	STATE
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VEHICLE DESCRIPTION

YEAR	MAKE	MODEL	BODY TYPE	COLOR

LOCATION	VEHICLE SEARCH
	<input type="checkbox"/> INC TO ARR <input type="checkbox"/> PC <input type="checkbox"/> CONSENT

SPEEDING (OVER LIMIT) 27-51-201	0-10 MPH	11-14 MPH	15-20 MPH	OVER 20 MPH
_____ MPH IN _____ MPH ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NO DRIVER'S LICENSE 27-16-602A <input type="checkbox"/>	DUI 5-65-303 <input type="checkbox"/>	DRIVER'S LICENSE SUSPENDED 27-16-303 <input type="checkbox"/>	FOLLOWING TOO CLOSE 27-51-305 <input type="checkbox"/>	CARELESS /PROHIB. DRIVING 27-51-104 <input type="checkbox"/>	DROVE LEFT OF CENTER 27-51-301 <input type="checkbox"/>	IMPROPER PASSING 27-51-307 <input type="checkbox"/>
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DRINKING IN PUBLIC 5-71-212 <input type="checkbox"/>	D. L. SUSPENDED FOR DWI 5-65-104 <input type="checkbox"/>	DWI 5-65-103 <input type="checkbox"/>	NO SEAT BELT 27-37-702 <input type="checkbox"/>	NO VEHICLE LICENSE 27-14-304 <input type="checkbox"/>	NO CHILD SAFETY RESTRAINT 27-34-104 <input type="checkbox"/>	NO PROOF OF INSURANCE 27-22-104 <input type="checkbox"/>
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OTHER (DEFINED) - INCLUDE STATUTE NUMBER _____

NUMBER OF OFFENSES: TRAFFIC _____ CRIMINAL _____

CONDITIONS: <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> ICE <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARK
OTHER TRAFFIC PRESENT: <input type="checkbox"/> CROSS <input type="checkbox"/> ON-COMING <input type="checkbox"/> SAME DIRECTION <input type="checkbox"/> PEDESTRIAN
AREA: <input type="checkbox"/> BUSINESS <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL
HIGHWAY TYPE: <input type="checkbox"/> 2 LANE <input type="checkbox"/> 3 LANE <input type="checkbox"/> 4 LANE <input type="checkbox"/> 4 LANE DIVIDED <input type="checkbox"/> OTHER
TYPE OF ACCIDENT: <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> FATAL

VIOLATOR COPY

PLEASE READ CAREFULLY

If you wish to plead guilty to the offense(s) indicated without going to court, you may inquire as to the proper procedure at the Sheriff's Office of the county in which the alleged offense occurred or at the City Police Department if the alleged offense occurred within a city.

NOTICE

Ark. Code Ann. § 27-50-604. Violation of Promise to Appear.

Any person willfully violating his written promise to appear in court, given as provided in this subchapter, is guilty of a misdemeanor regardless of the disposition of the charge upon which he was originally arrested.

In addition, said person's driving privilege may be suspended and a warrant for his arrest may be issued.

**PLEASE BRING THIS CITATION WITH YOU TO COURT
OR
MAIL THIS CITATION OR A COPY OF THIS CITATION
WITH YOUR PAYMENT SO IT WILL BE APPLIED
CORRECTLY.**

Mail To: _____

Phone #: _____

BUCKLE UP



**IT'S THE LAW
IN ARKANSAS**



APPEARANCE PLEA OF GUILTY AND WAIVER

I, the undersigned, do hereby waive my appearance before the court for the offense charged on the other side of this citation. I have been informed of my right to a trial, that my signature to this plea of guilty will have the same force and effect as a judgment of the court, and that this record will be sent to the driver licensing authority of the State of Arkansas (or of the state where I received my license to drive). **I DO HEREBY PLEAD GUILTY** to said offense as charged. It is understood that a bail deposit may be forfeited in lieu of a fine by the court, if applicable, in full payment for said violation.

AMOUNT \$ _____

(Defendant's Name)

(Address)

(Receipt No.)

(Date)

ABSTRACT OF COURT RECORD FOR STATE LICENSING AUTHORITY

Disposition Date _____ Docket No. _____
 Charge _____ Defendant's Plea: ☐ Guilty ☐ Not Guilty
 Court Finding: ☐ Guilty ☐ Not Guilty ☐ Dismissed
☐ Bond Forfeited ☐ Probation ☐ Defensive Driving School
 Fined \$ _____ Court Cost \$ _____ Total \$ _____

Disposition Date _____ Docket No. _____
 Charge _____ Defendant's Plea: ☐ Guilty ☐ Not Guilty
 Court Finding: ☐ Guilty ☐ Not Guilty ☐ Dismissed
☐ Bond Forfeited ☐ Probation ☐ Defensive Driving School
 Fined \$ _____ Court Cost \$ _____ Total \$ _____

Disposition Date _____ Docket No. _____
 Charge _____ Defendant's Plea: ☐ Guilty ☐ Not Guilty
 Court Finding: ☐ Guilty ☐ Not Guilty ☐ Dismissed
☐ Bond Forfeited ☐ Probation ☐ Defensive Driving School
 Fined \$ _____ Court Cost \$ _____ Total \$ _____

Disposition Date _____ Docket No. _____
 Charge _____ Defendant's Plea: ☐ Guilty ☐ Not Guilty
 Court Finding: ☐ Guilty ☐ Not Guilty ☐ Dismissed
☐ Bond Forfeited ☐ Probation ☐ Defensive Driving School
 Fined \$ _____ Court Cost \$ _____ Total \$ _____

DWI School ☐
 DL Revoked (Act 106 of 1969) _____
 Driver's License ☐ Suspended for _____ days
☐ Recommended for Suspension _____ days

Appeal Bond of \$ _____ Filed _____ (Date)
 for Appeal to _____ Circuit Court

As provided by law, I hereby certify that the information on this citation is a true abstract of the record of this court in this case.

Signature of Judge or Clerk